

Customer Claim Form



CLAIMANT INFORMATION

Name _____
Address _____
City, Province, ZIP _____
Phone _____
Fax _____
Email _____

CARRIER INFORMATION

Carrier _____
Vessel / Voyage _____
Arrival Date _____
Bill of Lading _____
Container # _____
of Cartons Affected _____
Type of Damage _____
Claim Amount _____

CLAIM DESCRIPTION

Brief Description of the Incident:
Please include a brief description of the events.

Breakdown of Claim amount: Please list items/charges

OFFICE USE ONLY

MBL _____ Ref # _____
APPROVED BY _____ Date _____

I accept the above claim to be true and free of error.

Submitted by (Claimant authorized representative) _____

_____ Date

Documents Check List:

These documents are required:

Bill of Lading
Shipper's Commercial Invoice
Packing List / Shipper's Loading Tally Sheet
Stripping Tally Sheet / Consignee's Warehouse Personnel's Receiving Report
Legible copy Customs Consumption Entry Showing Amount of Duties Paid
The Trucker's Delivery Receipt Showing Container and Seal Number

Documents that will support your claim.

Salvage Sale Receipt
Shipper's Loading Tally Sheet
Cargo Survey Report
Destruction Certificate, if Cargo was Destroyed
Signed Subrogation Receipt
Documents to Support Claim for Expenses – ex. Invoices for labor, etc.
Disposition of Damage Cargo.
Others – Ex. Photos of damages.

Maple Freight Mailing Address:

Maple Freight Partnership.
Attn.: Claim Department
Unit 225, 13480 Crestwood Place
Richmond BC V6V 2K1
Canada

Telephone – 1-604-275-2525
Fax – 1-604-275-2526